

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/825618-Conf. #3283
		Filing Date	April 3, 2001
		First Named Inventor	Robert CIAFF
		Art Unit	3762
		Examiner Name	R. D. Bradford
Total Number of Pages in This Submission		Attorney Docket Number	FHW-076

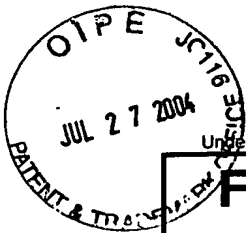
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>RECEIVED AUG 03 2004 TECHNOLOGY CENTER R3700</div>		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP David R. Burns - 46,590
Signature	<i>David R Burns</i>
Date	July 27, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419927565 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 27, 2004

Signature: *David R Burns* (David R. Burns)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/825618-Conf. #3283
		Filing Date	April 3, 2001
		First Named Inventor	Robert CIAFF
		Examiner Name	R. D. Bradford
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3762
TOTAL AMOUNT OF PAYMENT		(\$)	475.00
		Attorney Docket No.	FHW-076

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																											
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP																																													
The Director is authorized to: (check all that apply)																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$) 0.00		
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
1001	770	2001	385	Utility filing fee																																									
1002	340	2002	170	Design filing fee																																									
1003	530	2003	265	Plant filing fee																																									
1004	770	2004	385	Reissue filing fee																																									
1005	160	2005	80	Provisional filing fee																																									
SUBTOTAL (1)					(\$) 0.00																																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 0.00		
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
1202	18	2202	9	Claims in excess of 20																																									
1201	86	2201	43	Independent claims in excess of 3																																									
1203	290	2203	145	Multiple dependent claim, if not paid																																									
1204	86	2204	43	** Reissue independent claims over original patent																																									
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$) 0.00																																								
Total Claims 31 -31** = 0 x 0 = 0.00																																													
Independent Claims 5 -5** = 0 x 0 = 0.00																																													
Multiple Dependent 0 = 0																																													
Other fee (specify)																																													
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$) 475.00																																											

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	David R. Burns	Registration No. (Attorney/Agent)	46,590
Signature	David R. Burns	Telephone	(617) 227-7400
		Date	July 27, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419927565 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: July 27, 2004	Signature: David R. Burns (David R. Burns)



728-04

3762\$

41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Robert Ciaff**U.S. Serial No.:** 09/825618**Filed:** April 3, 2001**For:** APPARATUS FOR THE DIAGNOSIS AND
THERAPY OF NEURO-MUSCULAR AND
OTHER TISSUE DISORDERS**Attorney Docket No.** FHW-076**Group Art Unit:** 3762**Examiner:** Roderick D. BradfordRECEIVED
AUG 03 2004
TECHNOLOGY CENTER R3700**MAIL STOP AMENDMENT****Commissioner for Patents****Post Office Box 1450****Alexandria, Virginia 22313-1450****"Express Mail" Mailing Label Number** EV 419927565 US**Date of Deposit** July 27, 2004

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Signature

David R. Burns

Please Print Name of Person Signing

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Dear Sir:

In response to the Office Action mailed January 28, 2004 (Paper No. 11), the Response period of which is extended to July 28, 2004, by the accompanying Request for an Extension of Time, Applicant respectfully submits the following remarks and contends that the pending claims are patentable and in condition for allowance.